



## Complete Summary

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### TITLE

Alcohol misuse: percent of patients screened for alcohol misuse with AUDIT-C who meet or exceed a threshold score of 5 who have timely brief alcohol counseling.

### SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of patients screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 who have timely brief alcohol counseling.

### RATIONALE

Brief counseling triggered as a result of screening has been shown to decrease drinking and adverse health outcomes and is recommended by the United States Preventive Services Task Forces (USPSTF). In 2006, the National Commission for Prevention Priorities sponsored by the Centers for Disease Control and the Agency for Healthcare Research and Quality identified brief alcohol counseling as one of the top ten national prevention priorities based on clinically preventable burden of disease and cost-effectiveness. For patients who have severe alcohol misuse (often alcohol use disorders), referral to specialized addictions treatment is often

indicated. Screening with appropriate follow-up (brief counseling with specialty referral as smoking, it retains the focus on helping patients change unhealthy behaviors (risky drinking) even if they are not alcohol dependent. Like mental health disorders (depression and post traumatic stress disorder [PTSD]), it identifies patients who have alcohol use disorders (alcoholism) and will benefit from more intensive interventions than brief counseling.

Most patients who screen positive on the Alcohol Use Disorders Identification Test (AUDIT-C) will be hazardous drinkers who are not alcohol dependent. By using both the AUDIT-C score and the patient's history of alcohol dependence (based on previously diagnosed alcohol dependence or history of alcohol treatment or Alcoholics Anonymous [AA] attendance), it is possible to identify those most likely to be currently alcohol dependent. Patients who have AUDIT-C scores greater than or equal to 8 have a relatively high probability of having current dependence. Patients who have had past alcohol treatment are at high risk of current dependence with any positive AUDIT-C score greater than or equal to 5. Among Veterans Affairs (VA) general medical patients who screen positive for hazardous or problem drinking, 21% report prior alcohol treatment or AA attendance.

## **PRIMARY CLINICAL COMPONENT**

Alcohol; brief alcohol counseling

## **DENOMINATOR DESCRIPTION**

Patients from the NEXUS Clinic cohort screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 and who were not seen in an substance use disorders (SUD) addiction program in the prior 90 days (see the related "Denominator Inclusions/Exclusions" in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 who have brief alcohol counseling documented in the medical record within 14 days of the positive screen (see the related "Numerator Inclusions/Exclusions" in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

### State of Use of the Measure

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

External oversight/Veterans Health Administration  
Internal quality improvement

### Application of Measure in its Current Use

#### **CARE SETTING**

Ambulatory Care  
Behavioral Health Care  
Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Nurses  
Physician Assistants  
Physicians  
Psychologists/Non-physician Behavioral Health Clinicians  
Social Workers

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

#### **TARGET POPULATION AGE**

Unspecified

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Getting Better

### **IOM DOMAIN**

Effectiveness  
Timeliness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Patients from the NEXUS Clinic cohort\* screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 and who were not seen in an substance use disorders (SUD) addiction program in the prior 90 days

\*Refer to original measure documentation for patient cohort description.

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

## **Inclusions**

Patients\* from the NEXUS Clinic cohort\*\* screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 and who were not seen in an substance use disorders (SUD) addiction program in the prior 90 days

*\*Patient eligible for brief alcohol counseling:* Patients who have been screened for alcohol misuse with the AUDIT-C on or after October 1, 2008 and had an AUDIT-C total score of 5 or greater.

**Note:** Patients with a score in the range of 3 or 4 may benefit from evidence-based brief alcohol counseling.

**\*\*Refer to original measure documentation for patient cohort description.**

## **Exclusions**

Patients seen in outpatient SUD clinic stops, 513 SA-IND or 514 SA-HOME or 519 SA-PTSD or 547 INTENSIVE-SA TRT or 523 OPIOID SUBSTITUTION or 560 SA-GRP, in the 90 days prior to the screening are excluded from this measure

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Diagnostic Evaluation  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window precedes index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients screened for alcohol misuse with Alcohol Use Disorders Identification Test (AUDIT-C) who meet or exceed a threshold score of 5 who have brief alcohol counseling documented in the medical record within 14 days of the positive screen

**Note:** *Acceptable components of evidence-based brief alcohol counseling:* Brief alcohol counseling is recommended by the United States Preventive Services Task Force (USPSTF) and Veterans Administration/Department of Defense (VA/DOD) guidelines. Brief alcohol counseling refers to those practices that aim to identify a real or potential alcohol problem and motivate an individual to do something about it. For patients to be considered as having received acceptable brief alcohol counseling, two essential components must be documented:

- Feedback linking drinking to health, which may be either
  - Personalized counseling regarding relationship of alcohol to the patient's specific health issues
  - OR**
  - General alcohol-related counseling regarding relationship of alcohol to health (not linked to patient issues)

## AND

- Advice to abstain from drinking alcoholic beverages OR to drink within specified recommended limits (**Note:** Documentation that patient drinks within recommended limits as self-reported are not acceptable to meet this requirement. Patient must be explicitly advised to drink within specified recommended limits.)

*Recommended limits:* Younger Men: No more than 2 drinks daily on average (14 drinks a week), and no more than 4 drinks on any single occasion; Women and Older Adults (greater than 65): No more than 1 drink daily on average (7 drinks a week), and no more than 3 drinks on any single occasion.

**Note:** Telephone counseling is acceptable.

Although referral to specialty care may be appropriate for some patients, screening and routine referral without documented brief alcohol counseling is not sufficient to satisfy the measure.

Refer to original measure documentation for additional details.

## Exclusions

Unspecified

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Administrative data  
Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Alcohol Use Disorders Identification Test (AUDIT-C)

## Computation of the Measure

## SCORING

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Brief alcohol counseling for alcohol misuse screening result of 5 or greater.

**MEASURE COLLECTION**

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

**MEASURE SET NAME**

[Transformational Measures](#)

**MEASURE SUBSET NAME**

[Follow Up Care For At Risk Populations](#)

**DEVELOPER**

Veterans Health Administration

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2007 Oct

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

## **SOURCE(S)**

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## **MEASURE AVAILABILITY**

The individual measure, "Brief Alcohol Counseling for Alcohol Misuse Screening Result of 5 or Greater," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on May 9, 2008. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on December 1, 2009. The information was verified by the measure developer on March 22, 2010.



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